Milwaukee Ms4 And Sewage Collection System

Last Updated: Reporting For: 5/25/2022 **2021**

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1. Provider of Financial Info	ormation		
Name:	Jerrel Kruschke		
Telephone:	(414) 286-3301	(XXX) XXX-XXXX	
E-Mail Address			
(optional):	jkrusc@milwaukee.gov]	
	-	-	
treatment plant AND/OR co ● Yes (0 points) □□ ○ No (40 points)	ther revenues sufficient to cover O&M ex	openses for your wastewater	
If No, please explain:			
2.2 When was the User Cl Year:	narge System or other revenue source(s)) last reviewed and/or revised?	
2020]		0
• 0-2 years ago (0 points			
o 3 or more years ago (2)	0 points)□□		
N/A (private facility)2.3 Did you have a specia	I account (e.g., CWFP required segregate	ad Poplacoment Fund etc.) or	
	le for repairing or replacing equipment fo	•	
plant and/or collection sys ● Yes (0 points)	tem?		
No (40 points)			
	JBLIC MUNICIPAL FACILITIES SHALL CO	MPLETE QUESTION 3]	
3. Equipment Replacement			
3.1 When was the Equipm Year:	ent Replacement Fund last reviewed and	d/or revised?	
2020			
• 1-2 years ago (0 points			
o 3 or more years ago (20	0 points)□□		
N/AIf N/A, please explain:			
Triple product cripium			
3.2 Equipment Replaceme	ent Fund Activity		
	eported on Last Year's CMAR	\$ 300,000.00	
	cessary (e.g. earned interest, al of excess funds, increase all, etc.)	\$ 0.00	
3.2.3 Adjusted January 1s	st Beginning Balance	\$ 300,000.00	
3.2.4 Additions to Fund (e earned interest, etc.)	e.g. portion of User Fee,	\$ 1,566,500.00	

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3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)	1,566,500	.00
3.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$	300,000	.00
All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.		
3.2.6.1 Indicate adjustments, equipment purchases, and/or major repai	rs from 3.2.5	above.
1) Rehab and/or repair pumps and generators and 2) Purchase of seve equipment: jet nozzles, vans, dump trucks and 3) Purchase of safety e harness.		
3.3 What amount should be in your Replacement Fund? \$ 300	000.00	
Please note: If you had a CWFP loan, this amount was originally based of Assistance Agreement (FAA) and should be regularly updated as needed instructions and an example can be found by clicking the SectionInstruction header in the left-side menu. 3.3.1 Is the December 31 Ending Balance in your Replacement Fund aborders than the amount that should be in it (#3.3)? • Yes	l. Further calcutions link unde	ulation er Info
○ No		
If No, please explain.		
 4. Future Planning 4.1 During the next ten years, will you be involved in formal planning for or new construction of your treatment facility or collection system? ◆ Yes - If Yes, please provide major project information, if not already I ○ No 	, -	
Project Project Description #		Approximate Construction Year
The City of Milwaukee has an ongoing sewer replacement and I/I reduction program. From 2020 to 2025, our six year Capital Improvement Program is \$184,000,000. This amount is for replacement of the City's combined, sanitary and storm sewers. Of that amount, approximately \$2,000,000 is budgeted for the sanitary sewer system rehabilitation each year.	2000000	
5. Financial Management General Comments		
The City'[s budget is based on the calendar year, January 1st to Decemb	er 31st.	
ENERGY EFFICIENCY AND USE		
6. Collection System 6.1 Energy Usage 6.1.1 Enter the monthly energy usage from the different energy sources:		
COLLECTION SYSTEM PUMPAGE: Total Power Consumed		
Number of Municipally Owned Pump/Lift Stations: 90		

Electricity Consumed Natural Gas Consumed

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	(kWh)	(therms)		
January	13,761	6		
February	12,644	8		
March	13,530	8		
April	10,832	45		
May	10,032	11		
June	11,337	13		
July	9,744	20		
August	10,620	21		
September	11,025	11		
October	14,163	17		
November	11,036	16		
December	11,773	15		
Total	140,497	191		
Average	11,708	16		
5.2 Energy Re 6.2.1 Indicat ⊠ Comminu □ Extended □ Flow Mete	tion or Screening Shaft Pumps ering and Recording		stations (Check all that apply):	
5.2 Energy Re 6.2.1 Indicat Comminut Extended Flow Mete Pneumati SCADA S Self-Prim Submersi	e equipment and practice ition or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps		stations (Check all that apply):	
6.2.1 Indicat Comminut Extended Flow Mete Pneumati SCADA S Self-Prim Submersi Variable S Other:	e equipment and practice ition or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives		stations (Check all that apply):	
5.2 Energy Re 6.2.1 Indicat Comminu Extended Flow Mete Pneumati SCADA S Self-Prim Submersi Variable S Other:	e equipment and practice ition or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives		stations (Check all that apply):	
5.2 Energy Re 6.2.1 Indicat Comminu Extended Flow Mete Pneumati SCADA S Self-Prim Submersi Variable S Other:	e equipment and practice ition or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives		stations (Check all that apply):	
5.2 Energy Re 6.2.1 Indicat Comminu Extended Flow Mete Pneumati SCADA So Self-Prim Submersi Variable S Other: Electric He	e equipment and practice ition or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives eater ents:			

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6.4 Future Energy Related Equipment

- 6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?
- a) Monthly inspections and monitoring result in early identification of unexpected increases in energy usage, which can be investigated and corrected immediately.
- b) Annual pump rehabilitation project replaces old equipment with new potentially more energy efficient equipment.

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	Α

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Sanitary Sewer Collection Systems

 Capacity, Management, Operation, and Maintenance (CMOM) Program Do you have a CMOM program that is being implemented?
Yes
o No
If No, explain:
1.2 Do you have a CMOM program that contains all the applicable components and items
according to Wisc. Adm Code NR 210.23 (4)?
• Yes
o No (30 points)
○ N/A
If No or N/A, explain:
1.3 Does your CMOM program contain the following components and items? (check the
components and items that apply)
☑ Goals [NR 210.23 (4)(a)]
Describe the major goals you had for your collection system last year:
To efficiently collect and convey all of our customers' wastewater in the most cost effective
manner while remaining in compliance with WPDES permits, Clean Water Act, Wisconsin Law,
and MMSD Rules and Regulations.
Did you accomplish them?
• Yes
○ No
If No, explain:
Does this chapter of your CMOM include:
☐ Organizational structure and positions (eg. organizational chart and position descriptions)
☑ Internal and external lines of communication responsibilities
☑ Person(s) responsible for reporting overflow events to the department and the public
□ Legal Authority [NR 210.23 (4) (c)]
What is the legally binding document that regulates the use of your sewer system?
City of Milwaukee Ordinance
If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2016-12-13
Does your sewer use ordinance or other legally binding document address the following: ☐ Private property inflow and infiltration
☑ New sewer and building sewer design, construction, installation, testing and inspection
☐ Rehabilitated sewer and lift station installation, testing and inspection
☐ Sewage flows satellite system and large private users are monitored and controlled, as necessary
☐ Fat, oil and grease control
☐ Enforcement procedures for sewer use non-compliance
☑ Operation and Maintenance [NR 210.23 (4) (d)]
Does your operation and maintenance program and equipment include the following:
☐ Equipment and replacement part inventories
☐ Up-to-date sewer system map

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☑A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation ☑ A description of routine operation and maintenance activities (see question 2 below) ☐ Capacity assessment program ☑ Basement back assessment and correction □ Regular O&M training \square Design and Performance Provisions [NR 210.23 (4) (e)] \square What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property? ☑ State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements ☑ Construction, Inspection, and Testing MMSD Guidelines \square Overflow Emergency Response Plan [NR 210.23 (4) (f)] \square 0 Does your emergency response capability include: ☑ Responsible personnel communication procedures Response order, timing and clean-up ☑ Public notification protocols ☑ Emergency operation protocols and implementation procedures ☑ Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]
☐ ☐ ☑ Special Studies Last Year (check only those that apply): ☑ Infiltration/Inflow (I/I) Analysis ☐ Sewer System Evaluation Survey (SSES) ☐ Sewer Evaluation and Capacity Managment Plan (SECAP) □ Lift Station Evaluation Report \square Others: 2. Operation and Maintenance 2.1 Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained. 24 % of system/year Cleaning % of system/year Root removal % of system/year 9.87 Flow monitoring 0.02 % of system/year Smoke testing Sewer line televising % of system/year Manhole % of system/year 15.68 inspections # per L.S./year Lift station O&M 12 Manhole % of manholes rehabbed rehabilitation 0.49 Mainline % of sewer lines rehabbed rehabilitation Private sewer % of system/year inspections

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Private sewer I/I removal 0 % of private services	
River or water	
crossings 0 % of pipe crossings evaluated or maintained	
Please include additional comments about your sanitary sewer collection system below:	
3. Performance Indicators	
3.1 Provide the following collection system and flow information for the past year. 24.13 Total actual amount of precipitation last year in inches	
34.76 Annual average precipitation (for your location)	
945 Miles of sanitary sewer	
7 Number of lift stations	
0 Number of lift station failures	
0 Number of sewer pipe failures	
26 Number of basement backup occurrences	
3726 Number of complaints	
Average daily flow in MGD (if available)	
Peak monthly flow in MGD (if available)	
Peak hourly flow in MGD (if available)	
3.2 Performance ratios for the past year:	
0.00 Lift station failures (failures/year)	
0.00 Sewer pipe failures (pipe failures/sewer mile/yr)	
0.01 Sanitary sewer overflows (number/sewer mile/yr)	
0.03 Basement backups (number/sewer mile)	
3.94 Complaints (number/sewer mile)	
Peaking factor ratio (Peak Monthly:Annual Daily Avg)	
Peaking factor ratio (Peak Hourly:Annual Daily Avg)	

4. Overflows

	LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVERFLOWS REPORTED **				
	Date	Location	Cause	Estimated Volume	
(N. 20th St. and W. Hampton Ave. (N/S) (Permit No. 023)	Rain	24,718	
	8/8/2021 10:30:00 PM - 8/8/2021 3:30:00 AM	N. 96th St. and W. Auer Ave. (Permit No. 031)	Rain	41,196	
-		North 53rd Street and West Silver Spring Drive (Permit No. 042)	Rain	6,437	
	8/8/2021 2:25:00 AM - 8/8/2021 2:55:00 AM	N. 87th St. & W. Center St. (Permit No. 204)	Rain	50,519	
4		North 72nd Street and West Hope Avenue (Permit No. 214)	Rain	22,433	

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5	8/8/2021 2:20:00 AM - 8/8/2021 2:56:00 AM	N. 72nd St. and W. Capitol Dr. (Permit No. 215)	Rain	43,078
6	8/8/2021 2:25:00 AM - 8/8/2021 2:38:00 AM	N. 76th St. and W. Glendale Ave. (Permit No. 234)	Rain	21,885

** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

What actions were taken, or are underway, to reduce or eliminate SSO or TFO occurences in the future?

The City continues to 1) Implement aggressive inflow and infiltration reduction programs, and 2) Clean and televise its sanitary sewer system to identify and prevent blockages.

- 5. Infiltration / Inflow (I/I)
- 5.1 Was infiltration/inflow (I/I) significant in your community last year?
- o Yes
- No

If Yes, please describe:

- 5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?
- Yes
- No

If Yes, please describe:

5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:

There are no I/I changes from the previous year.

- 5.4 What is being done to address infiltration/inflow in your collection system?
 - 1. Flow monitoring 2. Manhole inspections 3. Manhole rehabilitation 4. Sanitary sewer lining projects 5. Working with MMSD on CMOM and the 2020 Facilities Plan.

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	Α

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Grading Summary

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS	
Financial	А	4	1	4	
Collection	А	4	3	12	
TOTALS			4	16	
GRADE POINT AVERAGE (GPA) = 4.00					

Notes:

A = Voluntary Range (Response Optional)

B = Voluntary Range (Response Optional)

C = Recommendation Range (Response Required)

D = Action Range (Response Required)

F = Action Range (Response Required)